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**** CONTINUING DATA *******

This appn claims benefit of 60/444,350 02/01/2003
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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
03/11/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and	/KRISTINE K RAPILLO/ Examiner's Signature	Met after Allowance	Initials	WI	58	58	3
Acknowledged							

ADDRESS

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TITLE

System and method for notification and escalation of medical data

FILING FEE RECEIVED 1584	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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